

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013659

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3272

STATE FILE NUMBER

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. BAPTIST.</u>		d. STREET ADDRESS (If outside, give location) <u>2006 DESTREHAN</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES J. NILL</u>		4. DATE OF DEATH Month Day Year <u>3 18 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-10-1889</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PACKER-CHECKER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>CHEMICAL CO.</u>	
10a. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>		10b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
11a. FATHER'S NAME <u>WM. NILL</u>		11b. MOTHER'S MAIDEN NAME <u>ELIZABETH DANZ</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>95</u>	
13a. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular hemorrhage</u> DUE TO (b) <u>Subdural hematoma (Non-Traumatic)</u> DUE TO (c) <u>Dehydration & malnutrition</u>		13b. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 days</u> <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	15a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	15b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
16. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	17. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		19. CITY, TOWN, OR LOCATION COUNTY STATE	
20. I attended the deceased from <u>MARCH 17, 63</u> to <u>MARCH 18, 63</u> and last saw him alive on <u>MARCH 17, 1963</u> Death occurred at <u>9:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Type or print) <u>Charles J. Nill</u>		21b. ADDRESS <u>St. Louis 8 MO</u>	
21c. DATE SIGNED <u>3/19/63</u>		21d. DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE <u>3-24-1963</u>	22c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS</u>	22d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
23. FUNERAL DIRECTOR <u>SUEDMEYER & SONS 3934 N. 20TH ST.</u>		24. DATE RECD. BY LOCAL REG. <u>MAR 20 1963</u>	25. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.